

# Corbin's Crusaders Camp Health Form

## Summer Day Camp

THIS FORM IS TO BE COMPLETED AND RETURNED BY **MAY 1**. All information should be complete and correct. Please include a copy of insurance as well as an up-to-date (within the past 12 months) physical.

Camper's Name _____	Sex _____	Birth date _____
Last                      First                      Middle		
Home Address _____		
City _____	State _____	Zip _____
Parent/Guardian Name _____		
Home Phone (     ) _____	Business Phone (     ) _____	
Cell Phone A (     ) _____	Cell Phone B (     ) _____	
If not available, in an EMERGENCY contact:		
Name _____	Phone (     ) _____	

### Part One --- Parental Authorization

I understand and certify that my child's participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that although Corbin's Crusaders has taken measures to minimize the risk of injury to camp participants, Corbin's Crusaders cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the camp's rules and procedures for the safety of camp participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the attending nurses secured by Corbin's Crusaders to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I give permission for my child to receive over the counter medications administered by the nurse.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Carrier Phone Number (     ) \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ SS# \_\_\_\_\_

**\*\*\*PLEASE INCLUDE COPY OF INSURANCE CARD\*\*\***

Camper's Last Name: \_\_\_\_\_ Campers First name: \_\_\_\_\_

## Part Two --- Health Information

**Basic Health History:**       frequent ear infections       asthma       diabetes  
 bleeding disorders       heart defect       any existing communicable disease (indicate below)  
 Seizure disorders       epilepsy       hyperactivity       hypertension  
**Allergies:**       penicillin       serious poison ivy       bee stings  
 hay fever       food allergies       aspirin       other  
If "other" please specify: \_\_\_\_\_

Please indicate any medications to which the camper may be sensitive or allergic to: \_\_\_\_\_  
\_\_\_\_\_

Does the camper wear an identification band or carry a card to alert others of their allergy(ies), medical conditions, or necessary medications?

YES       NO

**Immunizations:** All immunizations must be up to date. Indicate dates of immunization or most recent booster.

\_\_\_\_\_ DPT      \_\_\_\_\_ Polio      \_\_\_\_\_ Measles      \_\_\_\_\_ Haemophilus Influenza Type B

\_\_\_\_\_ Hep B      \_\_\_\_\_ Mumps      \_\_\_\_\_ Rubella      \_\_\_\_\_ Varicella      \_\_\_\_\_ Tetanus

**Operations, Serious or Chronic Illnesses:** \_\_\_\_\_

**Dietary Modifications While at Camp:** \_\_\_\_\_  
\_\_\_\_\_

**Prescription Drugs Camper Brings to Camp (include instructions and prescription from Doctor):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part Three --- Health Examination Record

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 12 months.

Physical Restrictions: \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Phone # of Family Physician \_\_\_\_\_ (      ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

We also accept a standard form signed by a physician; however, a parent/guardian must sign Part I of this form.